

FROM McANDREWS, HELD, & MALLOY

(TUE) 5.23'06 15:11/ST. 15:10/NO. 4861050087 P 1



MCANDREWS, HELD & MALLOY
34TH FLOOR
500 WEST MADISON STREET
CHICAGO, ILLINOIS 60661

RECEIVED
CENTRAL FAX CENTER

MAY 23 2006

ARO PLEASE DELIVER RETURN RECEIPT TO
MICHAEL T. CRUZ

TELEPHONE: (312) 775-8084

FACSIMILE: (312) 775-8100

Certificate of Transmission under 37 CFR 1.8

CONFIDENTIAL

THE ENCLOSED MATERIAL IS INTENDED FOR THE RECIPIENT NAMED BELOW AND, UNLESS OTHERWISE EXPRESSLY INDICATED, IS CONFIDENTIAL AND PRIVILEGED INFORMATION. ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THE ENCLOSED MATERIALS IS PROHIBITED. IF YOU RECEIVE THIS TRANSMISSION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AT OUR EXPENSE, AND DESTROY THE ENCLOSED MATERIALS. YOUR COOPERATION IS APPRECIATED.

TO: Marceau Milord FAX NO.: (571) 273 - 8300

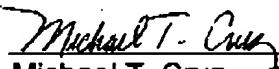
Examiner, Group Art Unit 2682

FROM: Michael T. Cruz USER ID: 8084

CLIENT: 1772 MATTER: 15265US01

Number of Pages This Transmission (Including Cover Page): **26**

I hereby certify that the attached correspondence, including a Transmittal Form (1 Page), a Fee Transmittal (1 Page) and an Amendment (23 Pages), is being facsimile transmitted to the United States Patent and Trademark Office at (571) 273-8300 on May 23, 2006.



Michael T. Cruz
Reg. No. 44,636

If you have problems receiving this facsimile transmission, please contact the sender at the above telephone number.

TRANSMITTAL FORM		Application Number	09/691,634	
		Filing Date	October 18, 2000	
		First Named Inventor	Shervin Moloudi	
		Art Unit	2682	
		Examiner Name	Marceau Milord	
Total Number of Pages in This Submission		25	Attorney Docket Number	15265US01

RECEIVED
CENTRAL FAX CENTER

MAY 23 2006

(to be used for all correspondence after initial filing)

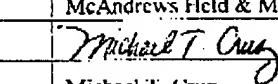
Total Number of Pages in This Submission

25

ENCLOSURES (check all that apply)

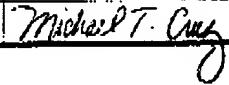
<input checked="" type="checkbox"/> Fee Transmittal Form (1 Page) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment (23 Pages) <input type="checkbox"/> Alter Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below): _____
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	McAndrews Held & Malloy, Ltd.		
Signature			
Printed Name	Michael T. Cruz		
Date	May 23, 2006		

CERTIFICATE OF FAX TRANSMITTAL

I hereby certify that this correspondence is being sent via facsimile transmission to Examiner Marceau Milord at the United States Patent and Trademark Office at (571) 273-8300 on May 23, 2006.

Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature		Date	May 23, 2006

FROM McANDREWS, HELD, & MALLOY

(TUE) 5. 23' 06 15:11/ST. 15:10/NO. 4861050087 P 3

Approved for use through 0/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

1200.00

Complete If Known

Application Number

09/691,634

Filing Date

October 18, 2000

First Named Inventor

Shervin Moloudi

Examiner Name

Marceau Milord

Art Unit

2682

RECEIVED
CENTRAL FAX CENTER

MAY 23 2006

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

Charge Fee(s) indicated below Charge Fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fees(s) Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims		Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
	Fee (\$)	Fee (\$)			Fee	Fee Paid (\$)
119	- 95 (HP=95)	24	x 50.00	= 1200.00		
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims		Fee (\$)	Fee Paid (\$)		
5	- 5 (HP=5)	0	x 200.00	= 0.00		

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100	/50	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature	<u>Michael T. Cruz</u>	Registration No. (Attorney/Agent)	44,636	Telephone	(312) 775-8084
Name (print/type)	Michael T. Cruz			Date	May 23, 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No. 15265US01

RECEIVED
CENTRAL FAX CENTER

MAY 23 2006

In the Application of:

Shervin Moloudi et al.

Conf. No.: 7052

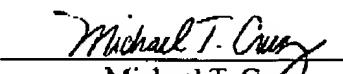
U.S. Serial No.: 09/691,634

Customer No.: 23446

Filed: October 18, 2000

Certificate of Facsimile TransmissionFor: ADAPTIVE RADIO TRANSCEIVER
WITH A POWER AMPLIFIERI hereby certify that this correspondence is being
sent via facsimile transmission to Examiner
Marceau Milord of the United States Patent and
Trademark Office at (571) 273-8300 on May 23,
2006.

Examiner: Marceau Milord


Michael T. Cruz
Reg. No. 44,636

Group Art Unit: 2682

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This paper is a timely response to the Office Action of February 23, 2006. It is believed that
the amendments and remarks herein place the application in condition for allowance.

Amendments to the Claims begin on page 2.

Remarks begin on page 22.

05/24/2006 STEUMEL1 00000027 130017 09691634

01 FC:1202 1200.00 DA